



Important CalPERS Changes

Domestic Partners

Effective January 2005, domestic partners legally recognized by California law will be entitled to all rights, benefits and obligations previously provided only to spouses under State law.

This means in most situations, a current or former registered domestic partner of a CalPERS member would be eligible for the same benefits as a current or former spouse of a CalPERS member.

Need Assistance?

The best place to go for information about CalPERS benefit and membership issues is our CalPERS On-Line Web site at ***www.calpers.ca.gov***.

You can also call the CalPERS Customer Contact Center toll free at **(888) CalPERS (225-7377)**, which is staffed weekdays, 8 a.m. to 5 p.m., to assist CalPERS members and employers.



Request for Service Credit Cost Information Redeposit of Withdrawn Contributions

Telecommunications Device for the Deaf: (916) 326-3240 • (888) CalPERS (225-7377)

Section 1

Information About You

Please include your full first and last name followed by middle initial.

Have you requested this cost information before? No Yes, date requested _____
Date (mm/dd/yyyy)

Have you submitted a retirement application? No Yes, retirement date is _____
Date (mm/dd/yyyy)

Name (First Name, Middle Initial, Last Name) Social Security Number

Former Name (if applicable) Current Employer

Address

City State ZIP Daytime Phone

Section 2

Employment Information

Please include the month, day and year for all dates as follows: mm/dd/yyyy.

List all periods of employment for which you withdrew contributions.

Employer From (mm/dd/yyyy) To (mm/dd/yyyy)

Please do not abbreviate your employer's name.

Employer From (mm/dd/yyyy) To (mm/dd/yyyy)

Employer From (mm/dd/yyyy) To (mm/dd/yyyy)

Employer From (mm/dd/yyyy) To (mm/dd/yyyy)

Section 3

Certification

If you are currently a CalPERS member, STOP. Sign this form and mail it to the CalPERS address listed on reverse.

I hereby certify that the above information is true and correct.

Signature Date (mm/dd/yyyy)

If you are a member of a retirement system listed on page 10 and are not currently a CalPERS member, forward this form to your current retirement system for completion of Sections 4, 5, and 6 before returning to CalPERS.

Member Name

Social Security Number

Section 4

Retirement System Certification (To be completed by member's current retirement system)

This request form is used to obtain the member and employment information required to redeposit withdrawn CalPERS contributions and establish reciprocity with the current retirement system. CalPERS must receive information on this form in order to process this request.

Retirement System

Employer

Address

City

State

ZIP

Section 5

Member Employment History

First Appointment Date (mm/dd/yyyy)

Effective Date of Membership in Your System (mm/dd/yyyy)

Current Pay rate and Time Base

Total Service Credit with Your System

Is the Member Retired/Retiring? No Yes, date of retirement _____
Date (mm/dd/yyyy)

Is the Service noted in Section 2 Already Credited in Your System? No Yes

Is the Employee Currently a Member of Your System? No Yes

Section 6

Statement and Signature of Retirement System Representative

Retirement System:
Please return the completed form to the member.

I hereby certify that the above information is true and correct.

Your Signature

Social Security Number or Tax Identification Number of the Member

Date (mm/dd/yyyy)

Printed Name

Title

Phone

Fax

Mail to:

CalPERS Member Services Division • P.O. Box 4000, Sacramento, California 95812-4000